

Virginia
DOR
DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION

11. Enter the name and address of each cemetery in Virginia in which the company named in #1 has a business interest.

Cemetery Name	Physical Address

12. Enter the name (first, middle initial, last, and generation), title, address, and social security number of all company officers and directors (i.e., the sole proprietor, the partners of your partnership, the officers and/or directors of your association, the managers or members of your limited liability company, or the officers of your corporation).

Name	Title	Home Address	Social Security No. Σ
			- -
			- -
			- -
			- -

13. Company's Registered Agent
- | | | | |
|-------|--------|------|----------------------|
| First | Middle | Last | Gen
(SR, JR, III) |
|-------|--------|------|----------------------|

14. Registered Agent's Address
City, State, Zip Code

15. Company's Compliance Agent
- | | | | |
|-------|--------|------|----------------------|
| First | Middle | Last | Gen
(SR, JR, III) |
|-------|--------|------|----------------------|

16. Compliance Agent's Address
City, State, Zip Code

17. Compliance Agent's Social Security No. Σ

			-			-			
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Attach Original Certificates of Completion of training courses (minimum of 8 hours)

18. Has your company, any of your company officers or directors listed in #12, or your compliance agent ever been subject to a disciplinary action imposed by any (including Virginia) local, state or national regulatory body?

No ☐

Yes ☐ If yes, please provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.

19. A. Has your company, any of your company officers or directors listed in #12 or your compliance agent ever been convicted in any jurisdiction of **any felony** or **any crime of moral turpitude**, there being no appeal pending therefrom or the time for appeal having elapsed? *Any plea of nolo contendere shall be considered a conviction for purposes of this application.*

No ☐ Yes ☐ If yes, list the information requested in #19.C.

- B. Has your company, any of your company officers or directors listed in #12 or your compliance agent ever been convicted in any jurisdiction of **any misdemeanor within five years of the date this application is submitted**? *Any plea of nolo contendere shall be considered a conviction for purposes of this application.*

No ☐ Yes ☐ If yes, list the information requested in #19.C.

19. C. If you answered "yes" to either question #19.A. or #19.B., list the felony and/or misdemeanor conviction(s). Attach your original criminal history record and any other information you wish to have considered with this application (i.e., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation; etc.). If necessary, you may attach a separate sheet of paper.

Original criminal history records may be obtained by contacting the state police in the jurisdiction in which you were convicted. Virginia residents must complete a criminal history record request form in the presence of a notary public and mail it to the Department of State Police, Central Criminal Records Exchange, Post Office Box 27472, Midlothian, Virginia 23261-7472.

20. Perpetual Care Trust Fund Trustee _____
21. Perpetual Care Trustee's Address _____
City, State, Zip Code _____
22. Perpetual Care Trustee Contact Person _____
23. Contact Person's Title _____
24. Telephone & Facsimile Numbers () - () -
Telephone Facsimile

25. Is the Perpetual Care Trust Fund Trustee a Virginia trust company or trust subsidiary or a federally insured bank or savings institution doing business in the Commonwealth of Virginia?

Yes ☐

No ☐ If no, your company must submit a Trustee Approval Application to obtain trustee approval from the Virginia Cemetery Board and the trustee must furnish the Virginia Cemetery Board a fidelity bond with corporate surety thereon, payable to the trust established, which shall be designated "Perpetual Care Trust Fund for (name of cemetery company)," in a sum equal to but not less than 100 percent of the value of the principal of the trust estate at the beginning of each calendar year.

26. Preneed Trust Account Trustee _____
27. Preneed Trustee's Address _____
City, State, Zip Code _____
28. Preneed Trustee Contact Person _____
29. Contact Person's Title _____
30. Telephone & Facsimile Numbers () - () -
Telephone Facsimile

31. Is the Preneed Trust Account Trustee a Virginia trust company or trust subsidiary or a federally insured bank or savings institution doing business in the Commonwealth of Virginia?

Yes ☐

No ☐ If no, your company must submit a Trustee Approval Application to obtain trustee approval from the Virginia Cemetery Board and the trustee must furnish the Virginia Cemetery Board a fidelity bond with corporate surety thereon, payable to the trust established, which shall be designated "Preneed Trust Account for (name of cemetery company)," in a sum equal to but not less than 100 percent of the value of the principal of the trust estate at the beginning of each calendar year.

32. Has your company established an irrevocable trust fund in the amount of at least \$50,000 for the perpetual care of its cemeteries as required by § 54.1-2316 of the *Code of Virginia*?

Yes ☐

No ☐

33. Has your company recovered all of its original perpetual care trust fund deposits under § 54.1-2321 of the *Code of Virginia*?

Yes ☐

No ☐ If no, enter the amount of the trust that has not yet been recovered. _____

34. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I will notify the Department if the company, company officers or directors, or compliance agent is subject to any disciplinary action or convicted of any felony or misdemeanor charges (in any jurisdiction) prior to receiving the requested license. I also certify that I understand, and have complied with, all the laws of Virginia related to cemetery company licensure under the provisions of Title 54.1, Chapter 23.1 of the *Code of Virginia* and the *Virginia Cemetery Board Regulations*.

Signature of Officer, Director or Compliance Agent

Date

Σ State law requires every applicant for a license, certificate, registration, or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

A COMPLETED PERPETUAL CARE TRUST FUND TRUSTEE VERIFICATION MUST ACCOMPANY THIS APPLICATION.

APPLICATIONS AND SIGNATURES MUST BE ORIGINAL. FASCIMILE TRANSMISSIONS AND COPIES WILL NOT BE ACCEPTED.